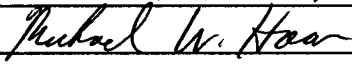



TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number	10/811,592
		Filing Date	March 29, 2004
		Confirmation Number	2897
		Inventor(s)	MECHLENBURG et al.
		Group Art Unit	3735
		Examiner	Gilbert, S.
Total Number of Pages in This Submission:	4	Attorney Docket No.	96-04 D1C1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <small>(submit in duplicate)</small> <input type="checkbox"/> Fee Attached \$ <input type="text"/> Check No.: <input type="text"/> <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Search report <input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Cover Sheet <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) <input type="checkbox"/> Request for Return of PTO-1449 Forms <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Address <input type="checkbox"/> Terminal Disclaimer(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Combined Declaration and Power of Attorney	<input checked="" type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Status Request Letter <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Supplemental Application Data Sheet
<input type="checkbox"/> Other Enclosure(s): _____		

Current Due Date: March 26, 2008

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	
Date	March 25, 2008

CERTIFICATE OF AUTHORIZATION/ELECTRONIC FILING
This paper (along with any referred to as being attached or enclosed) is being electronically filed with the U.S. Patent and Trademark Office by the below-named person under the authority of the above-signed agent/attorney of record on <u>March 25, 2008</u> .  Michael W. Haas

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of

Inventor : MECHLENBURG et al.
Appln. No. : 10/811,592
Conf. No.: : 2897
Filed: : March 29, 2004
Title: : MUSCLE STIMULATING DEVICE AND METHOD FOR
DIAGONOSING AND TREATING A BREATHING DISORDER

Group Art Unit : 3735
Examiner : Gilbert, S.
Docket No. : 96-04 D1C1

* * * * *

March 25, 2008

PAYMENT OF ISSUE FEE

Commissioner for Patents
Alexandria, VA 22313-1450


Sir:

Enclosed herewith are the following for filing in connection with the above-identified U.S. patent application:

- 1) A completed Issue Fee Transmittal Form - PTOL 85(b) (1 page); and
- 2) Transmittal Form (1 page).

CERTIFICATE OF AUTHORIZATION/ELECTRONIC FILING

This paper (along with any referred to as being attached or enclosed) is being electronically filed with the U.S. Patent and Trademark Office by the below-named person under the authority of the undersigned agent/attorney of record on March 25, 2008.


Michael W. Haas

MECHLENBURG et al. -- Appln. No.: 10/811,592

Authorization to charge the indicated fees to the Applicant's credit card have been provided herewith. The Commissioner is authorized to charge any deficiency in the indicated fees or credit any overpayment to deposit account no. 50-0558.

Respectfully submitted,

By Michael W. Haas

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